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TELECOPIER TRANSMITTAL FORM

DATE: October 22, 2001
TO: Assistant Commissioner for Patents
FIRM: USPTO, OIPE
CITY, STATE: Washington, DC
FAX #: (703) 308-7751

FROM: Karen Taragowski

TOTAL NUMBER OF PAGES: 2
(INCLUDING THIS PAGE)

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MESSAGE:

Re: Request for Correction to Corrected Filing Receipt
for U.S. Patent Application No. 09/412,969

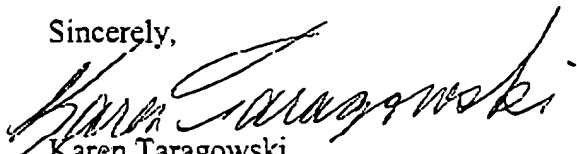
Dear Sir/Madam:

Upon review of the enclosed Corrected Filing Receipt document for the above-referenced patent application, we noticed the following typographical error was not corrected:

Applicant Eric HSIAO's residence is SAN MARINO, CA

Please forward another corrected filing receipt to us at your earliest convenience. In the meantime, if you have any questions or need additional information, please do not hesitate to contact our offices.

Sincerely,


Karen Taragowski
Patent Paralegal

120-A99-137
fuxreqcorrflingreceipt2.upd

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Bib Data Sheet

CONFIRMATION NO. 1335

SERIAL NUMBER 09/412,969	FILING DATE 10/05/1999 RULE	CLASS 345	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. BC9-99-024
APPLICANTS JENNIE CHING, NORTHRIDGE, CA; ERIC HSIAO, SAN MARINO, CA; PETER S. LEE, CALABASAS PARK, CA; EDITH H STERN, BOCA RATON, FL; BARRY E. WILLNER, BRIARCLIFF MANOR, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/01/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 33
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS 23334				
TITLE DYNAMIC COMPOSITION AT THE SET-TOP BOX				
FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/412,969	10/05/1999	2611	1072	BC9-99-024	9	33	4

CONFIRMATION NO. 1335

23334
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CORRECTED FILING RECEIPT



OC00000006907774

Date Mailed: 10/15/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 11/01/1999

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Early Publication Request: No

Title

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